Form **8871**

For Paperwork Reduction Act Notice.

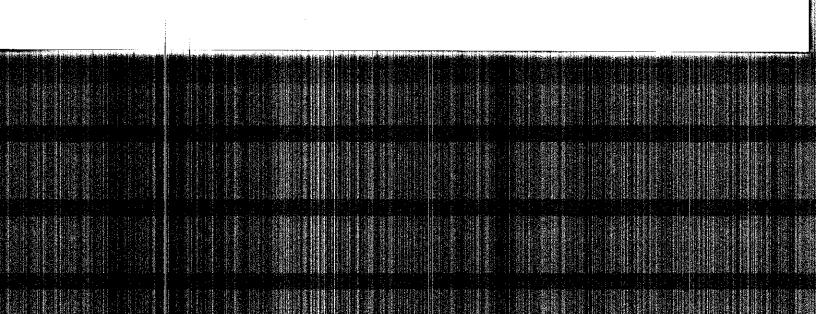
Political Organization Notice of Section 527 Status

OMB No. 1545-1693

Form **8871** (7-2000)

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Part I General Information Employer identification number
APPLI ED FOR Name of organization PETER A. ALTMAN CAMPAIGN Mailing address (P.O. Box or number, street, and room or suite number) 59-3661415 (received 8/9/00) **6115 LAFAYETTE STREET** City or town, state, and ZIP code **NEW PORT RICHEY, FLORIDA 34652** 3 E-mail address of organization cpapete@gte.net 4a Name of custodian of records 4b Custodian's address 5620 MISSOURI AVE. PETER A. ALTMAN **NEW PORT RICHEY, FLORIDA 34652** 5a Name of contact person 5b Contact person's address 5620 MISSOURI AVE. PETER A. ALTMAN **NEW PORT RICHEY, FLORIDA 34652** Business address of organization (if different from mailing address shown above). Number, street, and room or suite number City or town, state, and ZIP code Part II Purpose Describe the purpose of the organization CAMPAIGN FOR PASCO COUNTY COMMISSION, DISTRICT 5 Part III List of All Related Entities (see instructions) 8a Name of related entity 8b Relationship 8c Address NONE RECEIVED AUG 13 2000 OGDEN! UT



Cat. No. 30405V

TREASURER	6115 LAFAYETTE STREET NEW PORT RICHEY, FLORIDA 34652 8251 BRENT ST. #946 PORT RICHEY, FLORIDA 34668
	8251 BRENT ST. #946
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	perjury, I declare that the organization rd that I have examined this notice, including complete.